



**APPLICATION FOR SUBSTITUTE TEACHER AUTHORIZATION
FOR CANDIDATES WHO HAVE NOT COMPLETED A BACHELOR'S DEGREE**

PART I: PERSONAL INFORMATION (Print all information in dark ink and in uppercase letters.)

LAST NAME

FIRST NAME

MI

GENDER (M/F)

 - -

SOCIAL SECURITY NUMBER

 - -
BIRTH DATE (Month-Day-Year) – **Required**

ADDRESS (Street)

(Apt #)

(City)

(State)

(Zip Code)

FORMER LAST NAME(S)

PHONE - -

(Home)

 - -

(Work)

Race/Ethnicity

☐
(Optional)

1. Native American
2. Asian/Pacific Islander
3. Black
4. White
5. Hispanic

E-MAIL ADDRESS _____

1. Have you ever been convicted of **any** crime, excluding minor traffic violations? ☐ YES ☐ NO
2. Have you ever been dismissed for cause from any position? ☐ YES ☐ NO
3. Have you ever surrendered a professional certificate, license, permit or other credential (including, but not limited to, an education credential); had one revoked, suspended, annulled, invalidated, rejected or denied for cause; or been the subject of any other adverse or disciplinary credential action? ☐ YES ☐ NO

NOTE: If you answer “YES” to any of the above questions, you must attach a signed statement of explanation. If there are multiple incidents within each question, you must list and explain each separately. Submit **official** copies of court or administrative record(s), including disposition of each case.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.

PART II: EDUCATIONAL BACKGROUND

List all education you have completed, including high school, trade-related vocational school and/or other postsecondary schooling.

NAME OF SCHOOL	STATE	DATES ATTENDED		EDUCATION LEVEL COMPLETED (H.S. Diploma, GED, Assoc. Degree)
		From (M/Y)	To (M/Y)	

List **ALL** substitute teaching experience and any other experiences you have had working with school-age children, along with any unique qualifications for the substitute position. (Please attach your resume, or a separate sheet, if necessary.)

PART III: APPLICANT ATTESTATION

I certify that the information provided by me on this application and any accompanying documents contains no material misrepresentations, falsifications or omissions and that all of the information given by me is true, complete and accurate. I understand that all application and accompanying information may be verified and that any material misrepresentation, falsification or omission may result in the denial or revocation of my certificate(s), permit(s) or authorization(s).

ORIGINAL SIGNATURE OF APPLICANT

DATE:

PART IV: EMPLOYING AGENT INFORMATION AND ATTESTATION

The applicant will serve only as a substitute teacher in random assignments and only up to 40 days in one assignment.

Signature of Superintendent, Executive Director or designee
attesting to the accuracy of information
(Original Signature: No Signature Stamps Accepted)

Date

Typed or Printed Name of Person Signing Above

Title

District

Telephone

Street

FAX Number

City,

State, Zip Code

E-mail Address

FOR OFFICE USE ONLY

The person named on this application

☐

IS authorized

☐

is NOT authorized to serve as a substitute teacher for the board

Authorized Signature: _____

Date: _____

ED 174

REV. 7/03

C.G.S. 10-145

C.G.S. 10-145d, P.A. 03-168

Regs. 10-145d-420

CONNECTICUT STATE DEPARTMENT OF EDUCATION

Bureau of Educator Preparation and Certification

P.O. Box 150471 – Room 243

Hartford, CT 06115-0471

www.state.ct.us/sde

**INSTRUCTIONS TO APPLICATION FOR SUBSTITUTE TEACHER AUTHORIZATION
FOR CANDIDATES WHO HAVE NOT COMPLETED A BACHELOR'S DEGREE**

THIS CHECKLIST MUST BE ATTACHED TO THE COMPLETE APPLICATION PACKET

Listed below are the required documents which must be submitted to the Bureau of Educator Preparation and Certification to process your request for a Substitute Teacher Authorization for candidates who have NOT completed a bachelor's degree. This authorization will expire on June 30 of the school year during which it was approved.

Applicant:

- ☐ a. Complete Parts I, II and III.
- ☐ b. Return completed application to the superintendent of schools, executive director or designee.

Employing Agent:

- ☐ a. Complete Part IV and mail application and supporting documentation to the Bureau of Educator Preparation and Certification at the above address.

Information on this application is subject to disclosure pursuant to the Freedom of Information Act.